

0016

ACORD.**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

PRODUCER

Lyons & Associates Insurance
5899 South State, Suite 1
Salt Lake City, Utah 84107

CODE

SUB-CODE

INSURED

Co-Op Mining
P.O. Box 65809
Salt Lake City, Utah 84165

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Homestead Insurance Company
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	VW80300196	1/1/94	1/1/95	GENERAL AGGREGATE	\$ 2000
	XX COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 2000
	CLAIMS MADE X OCCUR.				PERSONAL & ADVERTISING INJURY	\$ excl
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$1000
					FIRE DAMAGE (Any one fire)	\$
	MEDICAL EXPENSE (Any one person)	\$				
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT	\$
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	HIRED AUTOS				PROPERTY DAMAGE	\$
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE—POLICY LIMIT)	
					\$ (DISEASE—EACH EMPLOYEE)	
A	OTHER Bear Canyon Mine 1	#ACT015025				
A	Trail Canyon Mine	#ACT015021				

NOTE: Explosion Damage is covered

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

State of Utah Division of Oil & Gas
355 W. No. Temple, Triad Center
Salt Lake City, Utah 84180
Interest: Additional Insured

CANCELLATION

Should any of the above described policies be changed &/or cancelled before the expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificateholder named to the left.

AUTHORIZED REPRESENTATIVE

Makiah Lyons

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